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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 166

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township San Carlos Agency or Village \_\_\_\_\_  
City Rice No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make  
supplemental report, as directed.

2. Full name of child Herbert Shaw

3. Sex of Child male  
To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other. \_\_\_\_\_

6. Legitimate? yes

7. Date Jan. 16, 1930  
of birth Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Clement Shaw

9. Residence Rice, Ariz.  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race 4/4  
Apache Indian 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) San Carlos  
Ariz.  
(State or country)

13. Occupation Com. Labor  
Nature of industry

14. MOTHER  
Full maiden name Alice Watson

15. Residence Rice, Ariz.  
(Usual place of abode)  
If non-resident, give place and state.

16. Color or race 4/4  
Apache Indian 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) San Carlos  
Ariz.  
(State or country)

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 2  
(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against oph-  
thalmia neonatorum?  
No

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I ~~herby~~ certify that I attended the birth of this child, who was alive at 10 P. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature \_\_\_\_\_

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address \_\_\_\_\_

Rice, Ariz.

Filed \_\_\_\_\_, 19\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

826-116-165

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in  
order of birth stated.